

Child

	Assessment Questions	Probing Questions	risk
	<p><b>Tell me about your child’s eating?</b> Listen and assess for</p> <ul style="list-style-type: none"> <li>• Appetite</li> <li>• Timing and Preparation of Meals</li> <li>• Eating Environment</li> <li>• Eating and Drinking Pattern</li> <li>• Food Safety</li> <li>• Pica</li> </ul>	<p><b><u>Appetite</u></b></p> <ul style="list-style-type: none"> <li>• Describe your child’s eating                             <ul style="list-style-type: none"> <li>➤ Tell me more about why you describe it as _____.</li> <li>➤ What have you tried?</li> </ul> </li> <li>• Have you noticed recent changes in your child’s appetite?</li> </ul> <p><b><u>Timing and preparation of meals</u></b></p> <ul style="list-style-type: none"> <li>• How many times a day does your child eat?</li> <li>• At what times does your child usually eat?</li> <li>• Who shops for food and prepares the meals?</li> <li><input type="checkbox"/> Are there any challenges?.....</li> </ul> <p><b><u>Eating environment</u></b></p> <ul style="list-style-type: none"> <li>• Where does your child usually eat meals and snacks?</li> <li>• How many times a week does your family eat meals together?</li> <li>• What makes it hard to eat together?</li> <li>• How would you describe mealtime with your family?</li> <li>• How many times a week does your child eat away from home?</li> </ul> <p><b><u>Eating and drinking pattern</u></b></p> <ul style="list-style-type: none"> <li>• Tell me what your child eats most days.</li> <li>• What are your child’s favorite foods?                             <ul style="list-style-type: none"> <li>➤ How often does your child have their favorite food? How much?</li> </ul> </li> <li>• What foods does your child dislike?</li> </ul>	<p>307</p> <p>320</p> <p>506</p> <p>517</p> <p>515</p> <p>516</p> <p>508</p>
		<p><input type="checkbox"/> Are there any foods your child is unable to eat or is allergic to?</p>	320
		<p><input type="checkbox"/> Is your child on a special diet?</p>	506
		<ul style="list-style-type: none"> <li>• How often does your child eat the same food as the rest of the family?</li> </ul>	517
		<p><input type="checkbox"/> Does your child feed him/herself?.....</p>	515
		<p><input type="checkbox"/> What beverages does your child drink? .....</p>	516
		<p><input type="checkbox"/> How many times a day does your child drink____? What size cup? .....</p>	516
		<p><input type="checkbox"/> What does your child drink from? .....</p>	508
		<ul style="list-style-type: none"> <li>➤ When does your child have a bottle? What do you put in the bottle?</li> </ul>	508
		<ul style="list-style-type: none"> <li>➤ Does your child use a pacifier or a sippy cup?</li> </ul>	508
		<ul style="list-style-type: none"> <li>➤ Does your child take the bottle or sippy cup to bed at night or naptime?</li> </ul>	508

	<p><b><u>Food safety</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Does your child eat any raw, undercooked or unpasteurized foods? .....</li> <li>➤ Unpasteurized fruit or vegetable juice</li> <li>➤ Unpasteurized dairy products</li> <li>➤ Soft cheeses</li> <li>➤ Raw or undercooked meats, fish, poultry or eggs</li> <li>➤ Cold hotdogs, luncheon meats, deli meats</li> <li>➤ Raw vegetable sprouts</li> <li>• How do you keep hot foods hot and cold foods cold?</li> </ul>	518
	<p><b><u>Pica</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Does your child routinely eat things that are not food?.....</li> <li>• How much of _____ does your child eat? How often?</li> </ul>	509
<p><b>Is there anything you would like to change about your child’s eating?</b></p>		
<p><b>Does your child take any vitamins, minerals, herbs or herbal supplements?</b> Listen and assess for</p> <ul style="list-style-type: none"> <li>• Excessive dietary supplements</li> <li>• Inadequate intake of fluoride</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> What do you offer? .....</li> <li><input type="checkbox"/> How much? .....</li> <li>• Tell me more about when and why you started the _____.</li> <li>• Is your doctor aware of these?</li> </ul>	510 511
<p><b>Is there any other way I can help you today?</b> Listen and Assess for</p> <ul style="list-style-type: none"> <li>• Food Security</li> <li>• Other</li> </ul>		